



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MORTGAGE BROKER AMENDMENT APPLICATION

INSTRUCTIONS:

1. Contact your insurance company to obtain a rider to your bond changing the name or to add trade name(s).
2. Contact your insurance company to obtain a rider to your bond changing the address of your main office. (Such rider is not required to change the address of a branch office.)
3. Contact the Washington State Department of Licensing, Master Business License service at (360)902-3600, or www.dol.wa.gov to change the address/name or add/remove a trade name. (DFI will verify with DOL that the changes have been made.)
4. Contact the Washington Secretary of State at (360)753-7115 to change the name of a **corporation, partnership, or LLC only.** (DFI will verify the change with the Secretary of State.) (This point does not apply to sole proprietorship name change, any dba change, or any address change.)
5. If changing the name of the company, complete a new "Certificate of Compliance and Authorization to Examine Trust Accounts" form. (This form is available from DFI's website or phone 360/902-8756 to request a faxed copy.)
6. Provide updated information for key personnel (Designated Broker, President, CEO, CFO, etc) if residences have changed since last filing. The "Individual Background Form" (part of the original Mortgage Broker application form online, or request faxed copy from DFI) may be the easiest way to supply such an update.
7. If the address change is for an out of state location, provide an updated "Request to Maintain Records" form. (This form is available from DFI's website or phone 360/902-8756 to request a faxed copy.)
8. Surrender previous original mortgage broker license(s) affected by this change. (A branch address change only affects that branch license, but the main office address change affects ALL licenses.)
9. Forward the "Mortgage Broker Amendment Application" form (with attachments if needed) and the original, signed & sealed, bond rider to the above address.

WASHINGTON STATE MORTGAGE BROKER AMENDMENT APPLICATION

PLEASE CHECK ALL APPLICABLE BOXES:

- | | |
|--|---|
| <input type="checkbox"/> Main office address change | <input type="checkbox"/> Branch office address change |
| <input type="checkbox"/> Main office name change | <input type="checkbox"/> Branch office name change |
| <input type="checkbox"/> Add trade name(s) or dba | <input type="checkbox"/> Remove trade name(s) or dba |
| <input type="checkbox"/> Other (explain, eg: ownership change, reprint lost license, etc.) _____ | |

EFFECTIVE DATE OF CHANGE: _____

PREVIOUS INFORMATION:

COMPANY NAME TRADE NAME or DBA

PHYSICAL ADDRESS CITY, COUNTY, STATE, ZIP

MAILING ADDRESS CITY, COUNTY, STATE, ZIP

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

NEW INFORMATION:

COMPANY NAME TRADE NAME or DBA

PHYSICAL ADDRESS CITY, COUNTY, STATE, ZIP

MAILING ADDRESS CITY, COUNTY, STATE, ZIP

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

BUSINESS STRUCTURE ☐ CORPORATION ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

AUTHORIZATION FOR VERIFICATION FORM - COMPANY

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted herein, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for mortgage broker license, or for the purpose of conducting an investigation in accordance with chapter 19.146 Revised Code of Washington.

BY: _____
Signature of Authorized Official

Date

Printed name of Authorized Official

Title